

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

LET AMERICA WORK

ADDRESS (number and street) ▼

PO BOX 9891

☐ Check if different than previously reported. (ACC)

ARLINGTON

VA

22219

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00582700

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
08 04 2015

through

M M M / D D D / Y Y Y Y Y Y
12 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer GEORGE MITCHELL

Signature of Treasurer

GEORGE MITCHELL

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 31 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

LET AMERICA WORK

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
08		04		2015

To:

M M	/	D D	/	Y Y Y Y Y
12		31		2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2015</div></div>		<div><div></div><div>0.00</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>0.00</div></div>	
(c) Total Receipts (from Line 19)	<div><div></div><div>388200.00</div></div>	<div><div></div><div>388200.00</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>388200.00</div></div>	<div><div></div><div>388200.00</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>203439.95</div></div>	<div><div></div><div>203439.95</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div><div></div><div>184760.05</div></div>	<div><div></div><div>184760.05</div></div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

LET AMERICA WORK

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
08	/	04	/	2015

To:

M M	/	D D	/	Y Y Y Y Y Y
12	/	31	/	2015

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

388000.00

388000.00

(ii) Unitemized

200.00

200.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

388200.00

388200.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

388200.00

388200.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

388200.00

388200.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

388200.00

388200.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	194154.85	194154.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	194154.85	194154.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	9285.10	9285.10
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	203439.95	203439.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	203439.95	203439.95

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	388200.00	388200.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	388200.00	388200.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	194154.85	194154.85
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	194154.85	194154.85

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
LET AMERICA WORK

A. WILLIAM ARPE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4710 W HIGHLAND RD
 City MEQUON State WI Zip Code 53092
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 FIDUCIARY REAL ESTATE DEVELOPMENT INC REAL ESTATE MANAGER
 Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼
 Aggregate Year-to-Date ▼
 3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : SA11AI.4114

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

B. BRUCE BELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 958 HICKORY AVE
 City DE PERE State WI Zip Code 54115
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 BELMARK, INC CHAIRMAN / FOUNDER
 Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : SA11AI.4118

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C. KATHRYN BURKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7710 N MERRIE LN
 City MILWAUKEE State WI Zip Code 53217
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 HOMEMAKER HOMEMAKER
 Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼
 Aggregate Year-to-Date ▼
 10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 09 / 2015

Transaction ID : SA11AI.4102

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

18000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 17

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

LET AMERICA WORK

Full Name (Last, First, Middle Initial)

A. AUGUST A BUSCH III

Mailing Address 1 MID RIVERS MALL DR

City

ST. PETERS

State

MO

Zip Code

63376

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.4106

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JEFFREY J DIERMEIER

Mailing Address 2113 CANNA WAY

City

NAPLES

State

FL

Zip Code

34105

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2015

Transaction ID : SA11AI.4126

Amount of Each Receipt this Period

50000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. PATRICK ENGLISH

Mailing Address 1825 N 74TH ST

City

WAUWATOSA

State

WI

Zip Code

53213

FEC ID number of contributing
federal political committee.

C

Name of Employer

FIDUCIARY MGT. INC.

Occupation

INVESTMENTS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2015

Transaction ID : SA11AI.4116

Amount of Each Receipt this Period

30000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

85000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 17

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

LET AMERICA WORK

Full Name (Last, First, Middle Initial)

A. STANLEY S HUBBARD

Mailing Address 3415 UNIVERSITY AVE

City
SAINT PAULState
MNZip Code
55114FEC ID number of contributing
federal political committee.

C

Name of Employer
HUBBARD BROADCASTING, INC.Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2015

Transaction ID : SA11AI.4108

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. TERRY KOHLER

Mailing Address PO BOX 897

City
SHEBOYGANState
WIZip Code
53082FEC ID number of contributing
federal political committee.

C

Name of Employer
WINDWAY CAPITAL CORPOccupation
PRES/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2015

Transaction ID : SA11AI.4110

Amount of Each Receipt this Period

50000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MICHAEL C KUBLY

Mailing Address 8245 N RANGE LINE RD

City
MILWAUKEEState
WIZip Code
53217FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

Transaction ID : SA11AI.4100

Amount of Each Receipt this Period

100000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

175000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
LET AMERICA WORK

Full Name (Last, First, Middle Initial)

A. Kwik Trip

Mailing Address PO BOX 2107

City State Zip Code
 LA CROSSE WI 54603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 09 / 2015

Transaction ID : SA11AI.4104

Amount of Each Receipt this Period

50000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. WILLIAM NASGOVITZ

Mailing Address 4470 N LAKE DR

City State Zip Code
 SHOREWOOD WI 53211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

HEARTLAND ADVISORS

CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 23 / 2015

Transaction ID : SA11AI.4112

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. LAUNA STAYER

Mailing Address 5372 ISLE WORTH CC DR

City State Zip Code
 WINDEMERE FL 34786

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : SA11AI.4124

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
LET AMERICA WORK

<p>A. Full Name (Last, First, Middle Initial) RICHARD W WEEKLEY</p> <p>Mailing Address 1111 W POST OAK RD</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City HOUSTON</td> <td style="width: 33%;">State TX</td> <td style="width: 33%;">Zip Code 77055</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer SELF</td> <td style="width: 66%;">Occupation DEVELOPER</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 10000.00</p>			City HOUSTON	State TX	Zip Code 77055	Name of Employer SELF	Occupation DEVELOPER	<p>Date of Receipt 12 / 28 / 2015</p> <p>Transaction ID : SA11AI.4122</p> <p>Amount of Each Receipt this Period 10000.00</p> <p>CONTRIBUTION</p>		
City HOUSTON	State TX	Zip Code 77055								
Name of Employer SELF	Occupation DEVELOPER									
<p>B. Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip Code</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer</td> <td style="width: 66%;">Occupation</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ </p>			City	State	Zip Code	Name of Employer	Occupation	<p>Date of Receipt </p> <p>Amount of Each Receipt this Period </p>		
City	State	Zip Code								
Name of Employer	Occupation									
<p>C. Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip Code</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer</td> <td style="width: 66%;">Occupation</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ </p>			City	State	Zip Code	Name of Employer	Occupation	<p>Date of Receipt </p> <p>Amount of Each Receipt this Period </p>		
City	State	Zip Code								
Name of Employer	Occupation									
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			10000.00							
<p>TOTAL This Period (last page this line number only)..... ▶</p>			388000.00							

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LET AMERICA WORK

A. ANEDOT



City	State	Zip Code
BATON ROUGE	LA	70810

Transaction ID : SB21B.4136

Category	Percentage
Vaccinated	390.30
Not vaccinated	0

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B. ANEDOT

City	State	Zip Code
BATON ROUGE	LA	70810

Transaction ID : SB21B.4137

117.30

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

C. ANEDOT

City	State	Zip Code
BATON ROUGE	LA	70810

Transaction ID : SB21B.4138

195.30

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

702.90

[illegible]

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LET AMERICA WORK

A. BMO CONSULTING, LLC

Mailing Address PO BOX 9891

City	State	Zip Code
ARLINGTON	VA	22219

Purpose of Disbursement

COMPLIANCE CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

The image shows three 10-pin D-sub connectors. The first connector is labeled 'M10' and has two pins labeled 'M'. The second connector is labeled 'D13' and has two pins labeled 'D'. The third connector is labeled 'Y2015' and has four pins labeled 'Y'.

Transaction ID : SB21B.4133

Amount of Each Disbursement this Period

1125.00

Full Name (Last, First, Middle Initial)

B. BMO CONSULTING, LLC

Mailing Address PO BOX 9891

City	State	Zip Code
ARLINGTON	VA	22219

Purpose of Disbursement

COMPLIANCE CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M / D D / Y Y Y Y
11 09 2015

Transaction ID : SB21B.4134

Amount of Each Disbursement this Period

412.50

Full Name (Last, First, Middle Initial)

C. E3 POST

Mailing Address 815 SLATERS LANE

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement

MEDIA PRODUCTION

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.4147

Amount of Each Disbursement this Period

9566.40

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

11103.90

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LET AMERICA WORK

Full Name (Last, First, Middle Initial)

A. LAW OFFICES OF HEATHER SIDWELL MORRIS, PA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2015

Mailing Address P.O. BOX 173207

City	State	Zip Code
TAMPA	FL	33672

Transaction ID : SB21B.4143Purpose of Disbursement
LEGAL CONSULTING

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

10000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. LAW OFFICES OF HEATHER SIDWELL MORRIS, PA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	29	/	2015

Mailing Address P.O. BOX 173207

City	State	Zip Code
TAMPA	FL	33672

Transaction ID : SB21B.4144Purpose of Disbursement
LEGAL CONSULTING

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. LAW OFFICES OF HEATHER SIDWELL MORRIS, PA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	09	/	2015

Mailing Address P.O. BOX 173207

City	State	Zip Code
TAMPA	FL	33672

Transaction ID : SB21B.4145Purpose of Disbursement
LEGAL CONSULTING

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

20000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LET AMERICA WORK

A. MADISON MANAGEMENT GROUP

Date of Disbursement

Transaction ID : SB21B.4149

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

28000.00

B. MADISON MANAGEMENT GROUP

Date of Disbursement

Transaction ID : SB21B.4150

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

14000.00

C. MADISON MANAGEMENT GROUP

Date of Disbursement

Transaction ID : SB21B.4151

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

14000.00

56000.00



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LET AMERICA WORK

Three 7-segment displays are shown, each with a different color (blue, green, and red). The first display shows '12', the second shows '08', and the third shows '2015'. They are separated by slashes.

50500.00

Category/
Type

2352.94

Category/
Type

28376.92

Category/
Type

81229.86

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LET AMERICA WORK

Three 7-segment displays are shown, each with a different color (blue, green, red) and a different font (serif, sans-serif, and a mix). The first display shows '12', the second shows '08', and the third shows '2015'. They are separated by slashes.

25038.19

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

25038.19

TOTAL This Period (last page this line number only).....

194074.85

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 17 OF 17
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) LET AMERICA WORK			FEC IDENTIFICATION NUMBER ▼ C C00582700	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee E3 POST		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 06 / 2016		
Mailing Address 815 SLATERS LANE		Amount 9285.10		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.4156	
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2015	
Name of Federal Candidate RONALD HAROLD JOHNSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought		9285.10	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee		Date of Public Distribution/Dissemination		
Mailing Address		Amount		
City	State	Zip Code	Date of Disbursement or Obligation	
Purpose of Expenditure		Category/Type	M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		9285.10		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....		9285.10		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature GEORGE MITCHELL		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2016